Attorney's Docket No. 040070-922

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Torgny PALENIUS

Application No.: 09/525,898

Filed: March 15, 2000

CODE RESERVATION FOR

INTERFERENCE MEASUREMEN

TIN A CDMA RADIO

COMMUNICATION SYSTEM

Mail Stop AF

Group Art Unit: 2663

Examiner: Chi Ho A. LEE

Confirmation No.: 9354

RECEIVED

APR 2 2 2004

Technology Center 2600

AMENDMENT AFTER FINAL REJECTION UNDER 37 CFR §1.116

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 5, 2004, please amend the above-identified patent application as follows:





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Title: CODE RESERVATION FOR INTERFERENCE MEASUREMEN TIN A CDMA RADIO

COMMUNICATION SYSTEM

AMENDMENT/REPLY TRANSMITTAL LETTER

PECEIVED Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 APR 2 2 2004 Sir: Technology Center 2600 Enclosed is a reply for the above-identified patent application. ☐ A Petition for Extension of Time is also enclosed. Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed. Also enclosed is/are Small entity status is hereby claimed. Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the □ \$385.00 (2801) □ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e). Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above. Applicant(s) previously submitted _____ for which continued examination is requested. Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also

enclosed.

×	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS						
	No. of Claims	Highes of Cla Previo Paid	ims usly	Extra Claims	Rate	Additional Fee
Total Claims	16	MINUS	20 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	4	MINUS	4 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claims	s, add	\$290.00 (1203)		
Total Claim Amendment Fee						\$ 0.00
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$ 0.00

Ш	A check in the amount	of is enclosed for the fee due.
	Charge	to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: April 20, 2004

Ву

M. David Ream

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